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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/779,925	
	Filing Date	February 17, 2004	
	First Named Inventor	Suave et al.	
	Group Art Unit	N/A	
	Examiner Name	N/A	
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number	308353.01

<b>ENCLOSURES (check all that apply)</b>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages)  <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s) (# sheets)  <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Newly Executed (# pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (# pages)  <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition To Make Special  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Application Data Sheet  <input type="checkbox"/> Request for Corrected Filing Receipt <input checked="" type="checkbox"/> Return Receipt Postcard  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>1.) Preliminary Amendment</b> <b>2.) Cited References</b>
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> (Under 37 CFR § 1.8(a)) <input checked="" type="checkbox"/> I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703)  January 6, 2005 Noemi Tovar		Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.

**SIGNATURE OF ATTORNEY OR AGENT**

Signature		Reg. No.	38,222
Name of Attorney or Agent	David Lee		
Date	January 6, 2005	Tel.	(425) 703-8092
		Facsimile No.	(425) 936-7329
Assignee Name:	MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052		
Customer Number:	22971		



Effective on 12/08/04  
Fees pursuant to Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**130.00**

METHOD OF PAYMENT (check all that apply)

### Complete if Known

Application Number	10/779,925
Filing Date	February 17, 2004
First Named Inventor	Sauve, et al
Examiner Name	N/A
Art Unit	N/A
Attorney Docket No.	308353.01
Express Mail Label No.	

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):  
☒ Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 20 - 20 or HP = 0 Extra Claims 0 x 50 = 0 Fee Paid (\$)  
HP = highest number of total claims paid for, if greater than 20  
Indep. Claims 3 - 3 or HP = 0 Extra Claims 0 x 200 = 0 Fee Paid (\$)  
HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims  
Fee (\$)  
Fee Paid (\$)

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 100 - 100 = 0 Extra Sheets 0 / 50 = 0 Number of each additional 50 or fraction thereof 0 Fee (\$)  
(round up to a whole number) x 250 = 0 Fee Paid (\$)

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition to Make Special

**(\$130.00)**

#### SUBMITTED BY

Signature	<u>David Lee</u>	Registration No. (Attorney/Agent)	<b>38,222</b>	Telephone	<b>(425) 703-8092</b>
Name (Print/Type)	<b>David Lee</b>	Date	<b>January 6, 2005</b>		